\vdash	S. NATIONA									$l \cup$	11 000	()	
\vdash	S. NATIONA	CLAIMS	AS FILEL		Effective December 8, 2004								
\vdash	S. NATIONA		CLAIMS AS FILED - PART I (Column 1) (Column 2)							01	/ OTHE R SMALL	R THAN ENTITY	
\vdash		L STAGE FEES	(Con	utilit ()	<u> </u>	(Column 2)	7	RATE	555	7			
	SIC CEE		SMALL CAST - C 450			4	 	FEE	4	RATE	FEE		
BASIC FEE				SMALL ENT. = \$ 150 Satisfies PCT Article 33(1)-		RGE ENT. = \$ 300 other situations =	4	BASIC FEE		OF	R BASIC FEE	34	
EXAMINATION FEE			(4) = \$	(4) = \$50/\$ 100 U.S. is ISA = \$50/\$ 100		\$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	120	
SEARCH FEE			ALL other	ALL other countries = \$200 / \$400		other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	40	
FEE	FOR EXTRA	SPEC. PGS.	m	minus 100 =		/50 =	1	X \$ 125 =		1	X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			38	38 minus 20 = .		18		X \$ 25 =		OR	X \$ 50 =	900	
INDI	EPENDENT C	CLAIMS		minus 3 =	•			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPE	NDENT CLAIM PR	RESENT			Ø		+ \$ 180 =		OR	+ \$ 360 =	361	
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1000	
	· · · · · · · · · · · · · · · · · · ·	(Column 1)	AMENDE	(Column 2) (Column 3)			i	SMALL I	1	OR 7	OTHER SMALL E	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	·	X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
										•		-	
-		(Column 1)		(Column		(Column 3)	Г				······································		
		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL - FEE		RATE	ADDI- TIONAL FEE	
5 7	lotal	•	Minus	44		=	I	X \$ 25 =		OR	X \$ 50 =		
AMENDINE IN	ndependent	•	Minus	***		= ·		X \$ 100 =		OR	X \$ 200 =		
\perp	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						L	+ \$ 180 =		OR	+ \$ 360 =		
TOTAL ADDIT. FEE										OR TOTAL ADDIT.			
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			÷										
* K	the "Highest Nur	mn 1 is less than the mber Previously Paid	For" IN THIS SP	ACE is less th	an '20',	enter "20".						İ	
aa Ki	the "Highest Nur	mber Previously Paid ber Previously Paid I	For IN THIS SP	ACE is less th	an '3', e	enter "3".	the a	appropriate box i	in column 1.				

FORM PTO-875 (Rev. 02/2005)

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